| ·  |  |  |                                       |                                |              |                  |          | Application or Docket Number |                        |      |                    |                        |  |
|--|--|--|---------------------------------------|--------------------------------|--------------|------------------|----------|------------------------------|------------------------|------|--------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003  10 131444 |  |  |                                       |                                |              |                  |          |                              |                        |      |                    |                        |  |
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)                                   |  |  |                                       |                                |              |                  |          |                              | YIIIN                  | OR   | OTHER              |                        |  |
| T  | OTAL CLAIMS                                    | 3  | 20                                    | )                              |              |                  | Γ        | RATE                         | FEE                    | }    | RATE               | FEE                    |  |
| FOR  |  |  | NUMBER FILED                          |                                | NUMBER EXTRA |                  | 8        | ASIC FE                      | 385.00                 | OR   | BASIC FEE          | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | 20 minus 20=                          |                                | •            |                  | -        | X\$ 9=                       |                        | OR   | XS18=              |                        |  |
| INDEPENDENT CLAIMS   |  |  | 2 minus 3 =                           |                                | •            |                  | <b> </b> | X43=                         |                        | OR   | X86=               |                        |  |
| М  | ULTIPLE DEPE                                   | NDENT CLAIM P                                | RESENT                                |                                |              |                  | r        | +145=                        |                        | OR   | +290=              |                        |  |
| • [  | f the difference                               | in column 1 is                               | less than zero, enter "0" in column 2 |                                |              |                  | L        | TOTAL                        |                        | OR   | TOTAL              | 22                     |  |
|  | CLAIMS AS AMENDED - PART II                    |  |                                       |                                |              |                  |          |                              | <b></b>                | . ب  | OTHER              | THAN                   |  |
| Œ  | 401105   | (Column 1)                                   |                                       | (Colun                         | nn 2)        | (Column 3)       | _:       | SMALL                        | ENTITY                 | OR   | SMALL              |                        |  |
| <b>AMENDMENTA</b>  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                                       | HIGH<br>NUMI<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 20   | Minus                                 | - 20                           |              | -\               |          | X\$ 9=                       |                        | OR   | X\$18=             |                        |  |
|  | Independent                                    | . 2  | Minus                                 | C                              |              | =                |          | X43=                         |                        | OR   | X86=               |                        |  |
| Ļ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |  |                                       |                                | CLAIM        |                  |          | . 1 45                       |                        |      | +290=              |                        |  |
| 413,   |  |  |                                       |                                |              |                  | ·        | +145=                        | ·                      | OR   | TOTAL              |                        |  |
|  | •  |  |                                       |                                |              |                  |          | ADDIT. FEEOR ADDIT. FEE      |                        |      |                    |                        |  |
| _  | ·  | (Cotumn 1)                                   | · · · · · ·                           | (Colun                         |              | (Column 3)       | _        |                              |                        | 1 1  |                    |                        |  |
| AMENDMENT B  | 8/6/05   | REMAINING<br>AFTER<br>AMENDMENT              |                                       | NUMI<br>PREVIO<br>PAID I       | BER<br>HUSLY | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 17   | Minus                                 | * 8                            | 0            | -                |          | X\$ 9=                       |                        | OR   | X\$18=             |                        |  |
|  | Independent                                    | · 2  | Minus                                 | ***                            | 3_           | =                |          | X43=                         |                        | OR   | X86=               |                        |  |
| _  | FIRST PRESE                                    | ENDENT                                       | NDENT CLAIM                           |                                |              | 145=             |          |                              | +290=                  |      |                    |                        |  |
|  |  |  |                                       |                                |              |                  |          |                              |                        | OR   | TOTAL              | -1.                    |  |
|  |  |  |                                       |                                |              |                  |          | TOTAL<br>OIT. FEE            |                        | OR   | ADDIT. FEE         | _/                     |  |
| ,  |  | (Column 1) CLAIMS                            |                                       | (Colum                         |              | (Column 3)       | _        |                              |                        |      |                    |                        |  |
| ENTC   |  | REMAINING<br>AFTER<br>AMENDMENT              | •                                     | PREVIO<br>PAID F               | ER<br>USLY   | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | •.   | Minus .                               | 44                             |              | =                | -        | X\$ 9=                       |                        | OR   | X\$18=             |                        |  |
|  | Independent                                    | •  | Minus                                 | ***                            |              | 2                |          | X43=                         |                        |      | X86=               |                        |  |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                       |                                |              |                  |          |                              |                        | OR   |                    |                        |  |
| +145= OR +290=   |  |  |                                       |                                |              |                  |          |                              |                        |      |                    |                        |  |
| #  | the Highest Nun                                | nn 1 is less than the<br>ober Previously Pai | id For IN THIS                        | SPACE IS                       | iess thar    | 20, enter "20."  | ADf      | TOTAL<br>DIT. FEE            |                        | OA , | TOTAL<br>DOIT, FEE |                        |  |
|  |  | mber Previously Pa<br>ber Previously Paid    |                                       |                                |              |                  |          |                              | ropriate box           |      |                    |                        |  |
|  |  | •  |                                       |                                |              |                  |          |                              |                        |      |                    |                        |  |

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